

**COMBINED DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION**
(Page 1)

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

IMAGE PROCESSING METHOD, APPARATUS AND STORAGE MEDIUM
THEREFOR

the specification of which [] is attached hereto. [X] was filed on March 30, 2000

as United States Application No. or PCT International Application No. 09/538,223
and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119(a)-(d) or §365(b), of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT international application which designates at least one country other than the United States, listed below and have also identified below any foreign application for patent or inventor's certificate, or PCT international application having a filing date before that of the application on which priority is claimed:

<u>Country</u>	<u>Application No.</u>	<u>Filed (Day/Mo./Yr.)</u>	(Yes/No)	<u>Priority Claimed</u>
JAPAN	11-097039	02/04/1999	Yes	
JAPAN	11-105740	13/04/1999	Yes	
JAPAN	2000-049266	25/02/2000	Yes	
JAPAN	2000-063661	08/03/2000	Yes	

I hereby appoint the practitioners associated with the firm and customer number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith, and direct that all correspondence be addressed to the address associated with that Customer Number:

**FITZPATRICK, CELLA, HARPER & SCINTO
Customer Number: 05514**



**COMBINED DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION**
(Page 2)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Sole or First Inventor Miyuki ENOKIDA
 Inventor's signature Miyuki Enokida
 Date April 21, 2000 Citizen/Subject of Japan
 Residence 198-1-103, Sanmaicho, Kanagawa-ku, Yokohama-shi, Kanagawa-ken, Japan
 Post Office Address c/o CANON KABUSHIKI KAISHA, 30-2, Shimomaruko 3-chome, Ohta-ku, Tokyo, Japan

Full Name of Second Joint Inventor, if any Kentaro MATSUMOTO
 Second Inventor's signature K. Matsumoto
 Date April 25, 2000 Citizen/Subject of Japan
 Residence 19-2, Hikawadai 1-chome, Higashikurume-shi, Tokyo, Japan
 Post Office Address c/o CANON KABUSHIKI KAISHA, 30-2, Shimomaruko 3-chome, Ohta-ku, Tokyo, Japan

Full Name of Third Joint Inventor, if any Kunihiro YAMAMOTO
 Third Inventor's signature Kunihiro Yamamoto
 Date April 24, 2000 Citizen/Subject of Japan
 Residence 36-30-505, Tsurumichuo 4-chome, Tsurumi-ku, Yokohama-shi, Kanagawa-ken, Japan
 Post Office Address c/o CANON KABUSHIKI KAISHA, 30-2, Shimomaruko 3-chome, Ohta-ku, Tokyo, Japan

Full Name of Fourth Joint Inventor, if any Kiyoshi KUSAMA
 Fourth Inventor's signature Kiyoshi Kusama
 Date April 21, 2000 Citizen/Subject of Japan
 Residence 12-28-202, Miyauchi 4-chome, Nakahara-ku, Kawasaki-shi, Kanagawa-ken, Japan
 Post Office Address c/o CANON KABUSHIKI KAISHA, 30-2, Shimomaruko 3-chome, Ohta-ku, Tokyo, Japan

Full Name of Fifth Joint Inventor, if any _____
 Fifth Inventor's signature : _____
 Date _____ Citizen/Subject of _____
 Residence _____

Post Office Address _____
 F511/A601948/ald